

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001904

1. Entity Name
WINSLOW D. HAWKES III, P.A.

Principal Place of Business
515 N FLAGLER DRIVE
STE 900
WEST PALM BEACH FL 33401

Mailing Address
P. O. BOX 1906
JUPITER FL 33468-1906

2. Principal Place of Business
470 COLUMBIA DRIVE
Suite, Apt. #, etc.
Blg. B
City & State
WEST PALM BEACH, FL
Zip
33409
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90001 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0377310 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAWKES, WINSLOW D III
1264 SE COLONY WAY
JUPITER FL 33478

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKES, WINSLOW D III		NAME		
STREET ADDRESS	10190 TRAILWOOD WAY		STREET ADDRESS	1264 S.E. COLONY WAY	
CITY-ST-ZIP	JUPITER FL 33478		CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 (561) 684-3222
Date Daytime Phone #

0396341 AV

CR2E034 (9/01)